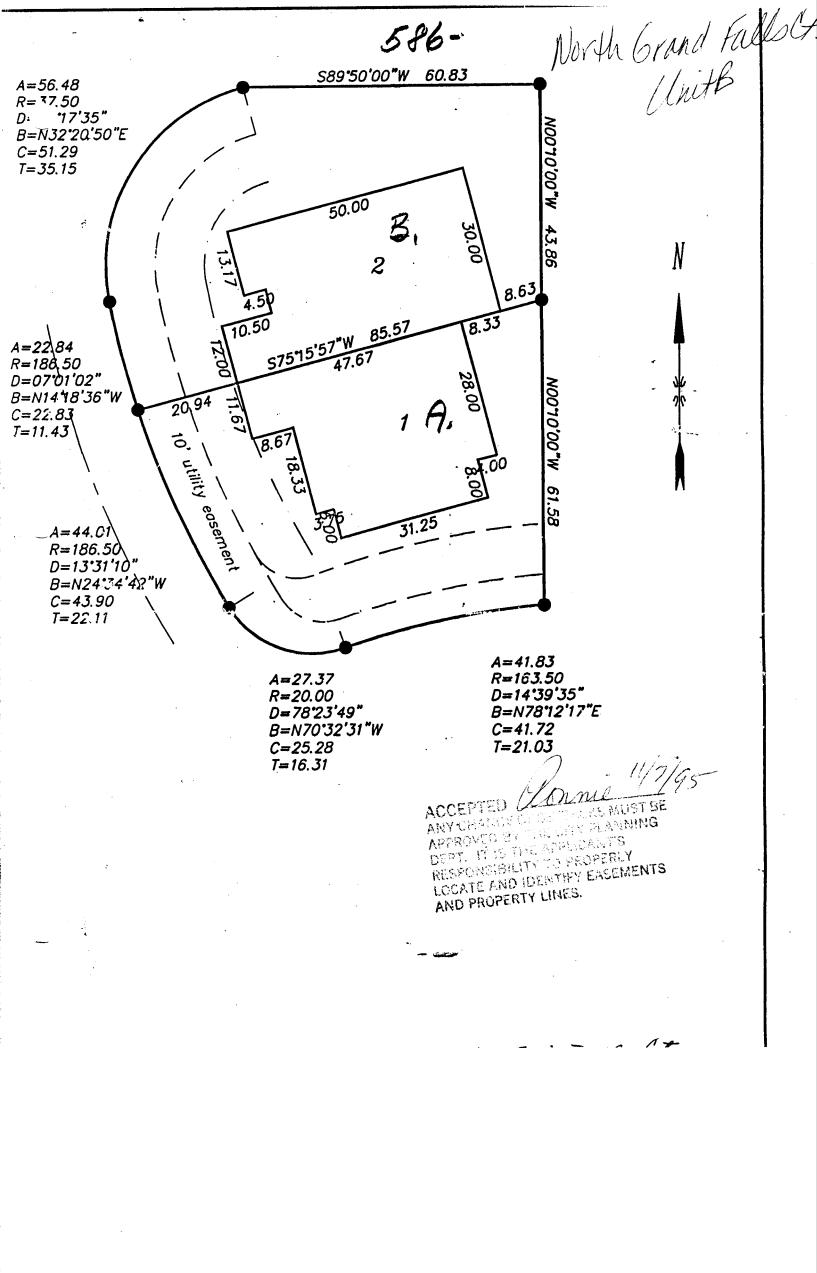
(Single Family Resid	BLDG PERMIT NO.5 10 H
🖙 THIS SECTION TO BE COMPLETED BY APPLICANT 🐲	
BLDG ADDRESS 586 Marth Spel	TAX SCHEDULE NO. 2943-072-070-034
Falls (7, (8) SUBDIVISION Falls Collage	SQ. FT. OF PROPOSED_BLDG(S)/ADDITION
FILING 2 BLK 2 LOT 2	
(1) OWNER <u>Russey</u>	NO. OF DWELLING UNITS BEFORE:
(1) ADDRESS <u>640 2472 Rd.</u> (1) TELEPHONE <u>247 2300</u>	NO. OF BLDGS ON PARCEL BEFORE: AFTER: THIS CONSTRUCTION
(2) APPLICANT Roald	USE OF EXISTING BLDGS <u>Resubure</u>
2 ADDRESS Some	DESCRIPTION OF WORK AND INTENDED USE:
⁽²⁾ TELEPHONE <u>242-2300</u>	Residence
REQUIRED: Two (2) plot plans, on 8 1/2" x 11" paper, showing all existing and proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, and all easements and rights-of-way which abut the parcel.	
ZONE PR	Maximum coverage of lot by structures
SETBACKS: Front Image: Constraint of the second	
Maximum Height	
Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).	
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).	
Applicant Signature Chickless Date 1/7/95	
Department Approval <u>zerme Elie</u>	Jarba Date 11/7/95
Additional water and/or sewer tap fee(s) are required:	ES 1/ NO W/O No. 8722
Utility Accounting Date Date	

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)



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